

# **Mental Health Transformation Council**

## **MINUTES**

**September 21, 2009**

**NEXT MEETING: October 26, 2009 2:00 to 4:15**

### **Attendance**

**Membership:** Michael Hartman, Beth Tanzman, Ed Paquin, Leslee Tocci, Nick Emlen (for Vermont Council), Linda Corey, Kitty Gallagher, Sally Parish, Jean New, Dave Yacovone (for VAHHS), Terry Rowe

**Guests and members of the public:** David Fassler, Donna Jerry, Steve Morgan

**Staff:** Judy Rosenstreich, Norma Wasko, Bill McMains

### **Participating in Today's Meeting**

Disability Rights Vermont (new name for Vermont Protection and Advocacy)  
Another Way  
State Standing Committee for Adult Mental Health  
Vermont Psychiatric Survivors  
Council of Mental Health and Substance Abuse Professionals of Vermont  
Vermont Council of Developmental and Mental Health Services  
CRT Council  
Vermont State Employees Association  
Department of Mental Health  
Vermont State Hospital  
BISHCA  
Advocates and Consumers

### **Commissioner Updates**

Michael Hartman updated the Transformation Council on a variety of developments, including anticipated state budget reductions, the staff secure Meadowview program, and federal grants awarded to DMH. Given the impact of the recession on state revenues, there will be reductions of about \$1 million in the current fiscal year with no final decisions yet on what areas may be affected. The intent is to avoid impact on existing direct services by finding savings in program implementation delays, such as Meadowview, which is now scheduled to open in mid-November behind its timetable.

Vermont has received an array of federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA):

- Over \$2 million for a five-year housing program in collaboration with Pathways to Housing, a national leader in serving homeless people. The partnership with DMH will allocate \$400,000 / year to help about 60 chronically homeless people in Burlington the first year, and be adapted to rural areas of the state in subsequent years.
- Jail Diversion-Trauma Recovery project, called MHISSION-VT, for an online system that will provide a more responsive system of care for mental illness, traumatic brain injury and substance use for veterans and other Vermonters. This grant is for \$2.1 million for three years.
- Two projects for reducing seclusion and restraint, one at VSH and the other at the Brattleboro Retreat.
- Suicide prevention efforts also are supported by federal grant funding.
- Youth in Transition project will create a system of care for youth 16-21. This is a six year grant for \$9 million.
- Children's mental health trauma collaborative to develop trauma-specific services for children and families with complex trauma; \$400,000 a year for three years.

All told, these grants are enabling excellent work to go forward with SAMHSA funding, a result of hard work and innovation by everyone involved.

### **Hospital Proposals For Acute Inpatient Psychiatric Services**

Michael summarized the proposals submitted by five hospitals interested in providing a more acute level of inpatient psychiatric services to replace inpatient services currently provided by the Vermont State Hospital. Rutland Regional Medical Center (RRMC) made a bid, and Brattleboro Retreat, Fletcher Allen, Springfield Hospital, and Dartmouth-Hitchcock Medical Center (DHMC) all offered conceptual proposals. The proposals were reviewed by a stakeholder committee that requested additional information from the hospitals. The committee will meet again to discuss their recommendations to the Commissioner. All proposals, questions and responses are posted on the DMH website at <http://mentalhealth.vermont.gov/futures/proposals>. The Retreat proposes to develop a 16-bed inpatient unit. Fletcher Allen contemplates an expansion of their current 28-bed psychiatric inpatient service by 20 additional beds as part of a large development project for which planning will begin in 2014 or 2015. Springfield proposes converting the current 10 bed program to VSH –level care and to develop a 10-bed medically monitored crisis stabilization program. Dartmouth-Hitchcock would tie into the federal Veterans Administration hospital in White River Junction, requesting capitalization funds, at least in part, from the federal government.

An assessment of the feasibility of the proposed structure to capitalize the RRMC expansion plan will be brought before the legislature by the Treasurer's Office and the Joint Fiscal Office. Lawmakers do not have to vote affirmatively to approve this proposal but have until November 1 to vote to deny the project from continuing if the proposed financing model is not in their judgment a viable one.

In the discussion of the hospital proposals, Steve Morgan asked how these conceptual plans are going to be recovery oriented and depart from prior, more institutional models. He suggested a closer look at the policies of hospitals, including hiring of non-medical staff, bringing people on site to train recovery programming instead of relying on workbooks, dress codes, and other indicators of the clinical environment.

Kitty Gallagher concurred with these concerns, adding the perspective of a taxpayer questioning the financial limitations of developing new hospital programs while the need to maintain VSH continues. Michael stated the difficulty of taking funds out of VSH given that its census is running 7-8 people over the budget that DMH planned for. He acknowledged the sentiment that considerable funding is involved and the planning for VSH replacement is taking a long time.

### **VSH Inpatient Pressures**

Michael opened discussion of VSH's challenge in serving a myriad of people, some of whom do not need acute hospital care. VSH typically has from a few to as many as ten patients who risk harm to others and need a safe care environment but do not meet admission criteria of other hospitals. Linda Corey offered an institutional history, starting with the Brattleboro Retreat, then VSH, Brandon Training School, the closing of Brandon and today's situation at VSH in which the hospital is serving people for whom mental illness is not their primary diagnosis. The state hospital census includes people with developmental disabilities, geriatric patients, and others with multiple disabilities. It does present a real challenge and DMH has discussed the issue with other departments in state government, stated Michael. The census has been 49.5 in the past 45 days, 50 or more patients in the past two weeks, including up to capacity at 54. Six months ago the census averaged 43 people. Among the factors contributing to the high patient count at VSH are that other hospitals are cautious about admitting anyone who presents a risk of harm to themselves or others because such incidents are likely to result in a survey by Licensing and Protection, which in turn might lead to CMS review. While VSH has been at or over 93% capacity in the last two weeks, other hospitals have been at 60% during this period.

Terry Rowe described conditions on Brooks 1, the male admissions unit, as a small space with a very low ceiling, small yard, and prison-like atmosphere not conducive to positive treatment, commenting that correctional facilities are better resourced.

Michael discussed the challenges of determining the resources to commit to replacement facilities where you want neither too few nor too many beds.

In comments relative to general hospitals, Kitty Gallagher shared that people with a psychiatric history often have difficulty being treated for a physical illness when they must use the emergency department, for instance, to get treatment and relief from physical pain or injury. Instead, they are asked about their history of mental illness. Transformation Council members acknowledged the ongoing issues of disparity in treatment. Hospitals assume risk when they admit a person with infection yet may not as readily admit a person whose mental illness may pose a behavioral risk.

### **VSH Certification**

Michael encouraged members of the Transformation Council to talk with their legislators and Vermont's Congressional delegation about the apparent differential treatment of VSH compared with other hospitals around the country that may have more serious deficiencies yet are not denied CMS certification. The most recent evidence of this came from representatives of the federal agency SAMHSA while doing a survey at VSH. From their point of view, the history of VSH is influencing the assessment by Licensing and Protection, which does the certification survey for CMS. The SAMHSA team saw the state hospital's failure to gain certification as anomalous compared to conditions they had observed at other hospitals, concluding that Licensing and Protection was making an assessment very different from that of CMS surveys at other hospitals, resulting in denial of certification to VSH.

### **Transformation Council Members' Updates**

- Nick Emlen noted the age of consent issue.
- Linda Corey shared that the Peer Alternative Program had a meeting and is in the process of developing a contract.
- Steve Morgan stated that Another Way is beginning to thrive and becoming a more supportive environment. The Board of Directors has welcomed the energy of new people who are helping to reinvigorate the board and the program.
- Jean New shared that Lamoille Community Connections has moved into a new building and held an open house. She noted that long-time executive director Butch Alexander plans to retire next year.
- Kitty Gallagher earned a certificate for Advanced Peer Specialist Training and was congratulated by all.
- Taryn Moran asked about the Department of Corrections continuing to have a seat on the Transformation Council, expressing the need to ensure DOC participation.

The meeting adjourned at 4:04 p.m.

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